



DIRECT INHIBITORS FOR HEPATITIS C PA SUMMARY

PREFERRED	Incivek, Victrelis
NON-PREFERRED	Olysio, Sovaldi

LENGTH OF AUTHORIZATION: Varies

NOTE: All medications in this class require prior authorization. Pegylated interferons (Pegasys and Peg-Intron) and ribavirin products have separate PA criteria.

PA CRITERIA:

For Incivek and Victrelis

- ❖ Member must be 18 years of age or older with a diagnosis of genotype 1 chronic hepatitis C infection (CHC) with compensated liver disease (including cirrhosis)

AND

- ❖ Medication must be used in combination with peginterferon alfa and ribavirin
- ❖ For both medications, faxed documentation of HCV-RNA levels are required at certain times throughout therapy to determine if treatment continuation is appropriate.

For Olysio

- ❖ Member must be 18 years of age or older with a diagnosis of genotype 1 chronic hepatitis C infection (CHC) with compensated liver disease (including cirrhosis)
- ❖ Member must not be infected with HCV genotype 1a containing the Q80K polymorphism.
- ❖ Member must be unable to take Incivek and Victrelis due to allergy, contraindication, drug-drug interaction, or a history of intolerable side effects.
- ❖ Medication must be used in combination with peginterferon alfa and ribavirin
- ❖ Faxed documentation of HCV-RNA level is required at treatment week 4 to determine if treatment continuation is appropriate.

For Sovaldi

- ❖ Member must be 18 years of age or older with a diagnosis of chronic hepatitis C infection (CHC) with the following genotypes: 1a or 1b, 2, 3, or 4.
- ❖ Must be used in combination with ribavirin in patients with genotype 2 or 3.
- ❖ Medication must be used in combination with peginterferon alfa and ribavirin in patients with genotype 1 or 4 with the following exceptions: hepatocellular carcinoma awaiting liver transplantation requires combination therapy with ribavirin only; members with genotype 1



infection who are interferon-ineligible may use combination therapy with ribavirin only.

- ❖ Members with genotype 1 (1a or 1b) must be unable to take Incivek and Victrelis due to allergy, contraindication, drug-drug interaction, or a history of intolerable side effects unless they are interferon-eligible or have HIV co-infection.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.